	Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			40					RA	TE	FEE	7	RATE	FEE	İ
FOR			NUMBER FILED		NUMBER EXTRA		TRA	BASK	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			4 C minus 20=		•	26		XS	9=		1	2/2/2	360	
INDEPENDENT CLAIMS			- mi		2		X40			OR	Vén			
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					<i></i>		OR	X0V=	160		
* If the difference in column 1 is less than zero enter "0" in column 2								+13	5=		OR	+270=		٠.
												1d30	`	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER		SENT TRA	RAT	Έ	ADDI- TIONAL FEE	·	PATE	ADDI- TIONAL FEE	
Ş	Total	. 31	Minus	. H	0	=-		X\$ 9)=		OR	X\$18=	·	
H	Independent	. 8	Minus	4		=	2	X40	=	•	OR	X80=	8016	21125
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135			OR	+270=		
									TAL			YOYAL	QI I	2,75
4	17/05	(Column 1)		(Colum	n 2)	(Colu	ımn 3) .	ADDIT,	FEE		JOH,	ADDIT, FEE	-00714	0//2
٦	and the second	CLAIMS HEMAINING AFTER AMENDMENT	\$200-	HIGHE NUMB PREVIO PAID F	IER USLY		SENT			ADDI- TIONAL FEE	Č		ADDI-	, .
AMENOMENT B							TRA	RAT	E			RATE	TIONAL FEE	
Ş Q	Total	. 31	Minus	4	Ð	=]		X\$ 9)=		OR	X\$18=		
ME	Independent	. 8	Minus	{	3	=		X40	_		OR	··X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								. 1			070		•
	•							+135	TAL		OR	+270=		
								ADDIT.			OR	ADDIT. FEE	· ;	
_		(Column 1) CLAIMS		(Colum		(Colu	<u>(mn 3)</u>				, I	· · · · · · · · · · · · · · · · · · ·		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY		SENT TRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	· · · · · · · · · · · · · · · · · · ·
Š	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=		
ME	Independent	•	Minus	•••		=		X40			OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OH	<u>-</u>		, .
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													٠,	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR TOTAL ADDIT. FEE														
		ber Previously Pa						lound in th	e app	ropriate box	in col	umn 1.	•	

Application or Docket Number